Premises Name NEVADA PREMISES REGISTRATION FORM			
Premises Owner- First:		Premises Owner-Last	
Physical Address for UPS delivery of	or Emergency Services Response	<u> </u>	
City	State Zip	Code	County:
	NV		
JS Postal Service Mailing Address :			
Mailing City:			
Mailing City.	Mailing	State: Mailing Zipcode:	
Contact Information First Name		ast Name	
NV Brand Registration Number	Other Stat	e Brand Registration Num	ber
'			
Phone Number	Cell Phone	Number	
Fax Number			
E-mail			
,			
OTHER LOCATION INFORMATION			
Latitude	Longitude		
Charlest Crasical Bas	f Daimy Chann C	anta Hawasa	Curing Doubles
	ef Dairy SheepG	oatsnorses _	_ Swine Poultry
Comments and other information			
<u> </u>			

Please fill out and fax to: 775-688-1733 or Mail To:

NDOA Att. Holly Pecetti 350 Capitol Hill Ave Reno, NV 89502 For Questions Please Call Holly Pecetti at 775-688-1180 ext. 236

NEVADA PREMISES REGISTRATION FORM